

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	1					
4						
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12						
13						
14	1					
15						
16	1					
17						
18						
19	1					
20	1					
21	1					
22						
23						
24						
25						
26	1					
27	1					
28	1					
29	1					
30						
31	1					
32	1					
33						
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41						
42						
43						
44	1					
45	1					
46						
47	1					
48	1					
49	1					
50	1					

TOTAL IND.



TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.



TOTAL DEP.

TOTAL CLAIMS